

Plugged & abandoned 12/30/75

FILE NOTATIONS

Entered in MID File
Location Map Plotted
Card Indexed
.....

Checked by Chief *rwf*.....
Approval Letter 8-13-74.....
Disapproval Letter

COMPLETION DATA:

Date Well Completed 12-30-75
1-15-74
W..... WW..... TA.....
W..... OS..... PA.....

Location Inspected
Bond released
State or Fee Land

LOGS FILED

Driller's Log.....
Electric Logs (No.) *NAR*...
..... I..... Dual I Lat..... GR-N..... Micro.....
Sonic GR..... Lat..... Mi-L..... Sonic.....
SLog..... CCLog..... Others.....

4

PE
pills

Larry Newman - ~~NY~~ Needle State #1

7/23/74

Larry Newman
Needle Antacid

Friday - maybe
350' of 14" / 20025 <sup>100 at
calculated
fed up
(100%,
even)</sup>

~~and~~ displace from bottom
Walburton → Will make extra
ticks

AOK
PMB

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL & GAS

5. Lease Designation and Serial No.

29648

6. If Indian, Allottee or Tribe Name

NO

7. Unit Agreement Name

NO

8. Farm or Lease Name

NO

9. Well No.

Needle Exploration #1-A

10. Field and Pool, or Wildcat

wildcat

11. Sec., T., R., M., or Blk.
and Survey or AreaSEC. 16, T. 24S, R. 19W,
SLM.

12. County or Parrish 13. State

MILLARD UTAH

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work

DRILL ☒DEEPEN ☐PLUG BACK ☐

b. Type of Well

Oil
Well ☒Gas
Well ☐

Other

Single
Zone ☐Multiple
Zone ☐

2. Name of Operator

Needle Exploration Company, Inc.

3. Address of Operator

P.O. Box 143 Elko, Nevada 89301

4. Location of Well (Report location clearly and in accordance with any State requirements.)*

At surface

175' East of Needle Elpl. #1

At proposed prod. zone

1980' FNL & 2155' FNL

14. Distance in miles and direction from nearest town or post office*

17 miles South of Garrison Utah

15. Distance from proposed*

location to nearest
property or lease line, ft.
(Also to nearest drlg. line, if any)

1805'

16. No. of acres in lease

640

17. No. of acres assigned
to this well

40

18. Distance from proposed location*
to nearest well, drilling, completed,
or applied for, on this lease, ft.

1600'

19. Proposed depth

10,000' ✓

20. Rotary or cable tools

Both

21. Elevations (Show whether DF, RT, GR, etc.)

5268. Gr.

22. Approx. date work will start*

August 5, 1974

23.

PROPOSED CASING AND CEMENTING PROGRAM

Size of Hole	Size of Casing	Weight per Foot	Setting Depth	Quantity of Cement
16"	14" ✓	1/4" wall ✓	300' ✓	200 sbs onto surface ✓
13"	10 3/4" ✓	42# ✓	1500' ✓	500 sbs.

0-300' - Drill 16" hole with 28L cable tool + set 300'
of 14" casing.

300-1500' - Drill 13" hole + set 10 3/4" casing

1500'-TO - Move a rotary rig onto 1500' hole + continue
drilling a 7 7/8" hole to approx. 10,000' to
test the Devonian Guilmette Formation.

Conditional upon - 5 sbs/marker on #1

APPROVAL CONDITIONAL UPON SETTING A 5-SACK CEMENT PLUG AT SURFACE WITH REGULATION DRY HOLE MARKER

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

Signed

Larry A. Newman

Title

President

Date

6 August 1974

(This space for Federal or State office use)

Permit No.

13-037-30008

Approval Date

Approved by

Title

Conditions of approval, if any:

APPROVED BY DIVISION OF
OIL & GAS CONSERVATION

Date

DATE

8-13-74

BY

Clem B. Feighs

Larry Newman 8/24/74
1A - 85

350' of 14"

Pump & Plug Method
200% of Cement - 100%
Essex

Sometime today -
Place BOP - ^{Can't} Pressure test

Drill 13" hole -
Cable tool to 1500' -
FAB

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. ML - 29648
2. NAME OF OPERATOR Needle Exploration Co. Inc		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N.A.
3. ADDRESS OF OPERATOR P.O. Box 143, Elko, Nevada 89301		7. UNIT AGREEMENT NAME N.A.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 17 miles south of Garrison, Utah		8. FARM OR LEASE NAME N.A.
14. PERMIT NO. 43-027-30007		9. WELL NO. Needle Anticline #1-A
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 5268 Gr.		10. FIELD AND POOL, OR WILDCAT wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA sec 16, T. 24S. R. 19W, SLM
		12. COUNTY OR PARISH Millard
		13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>ran + cemented casing</u>	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Drilled 16" hole to 350', ran 344' of 14" casing on 21 Aug. 1974. On 22 Aug 74 casing was cemented by Halibuton - 100 sxs pumped down the inside of the casing, 100 sxs. pumped down the annulus from the top. As of 25 August 1974 we are drilling a 13" hole at 450'.

↓ Copy of Request Cement tickets

Received SR C S C - It would be appreciated if you would forward the Div. a copy of Halibuton's Cement ticket. Thanking you in advance
Zeigler

18. I hereby certify that the foregoing is true and correct

SIGNED Larry A. Newman

TITLE President

DATE 26 August 1974

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

HALLIBURTON SERVICES JOB SUMMARY

HALLIBURTON
DIVISION
HALLIBURTON
LOCATION

BILLED ON
TICKET NO.

873913

FORM 302

WELL DATA

FIELD W-10 SEC. 16 TWP. S-15 RANG. 9W COUNTY Millard STATE WY

FORMATION NAME _____ TYPE _____

FORMATION THICKNESS _____ FROM _____ TO _____

INITIAL PROD: OIL _____ SPD. WATER _____ SPD. GAS _____ MCFD

PRESENT PROD: OIL _____ SPD. WATER _____ SPD. GAS _____ MCFD

COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____

PACKER TYPE _____ SET AT _____

BOTTOM HOLE TEMP. _____ PRESSURE _____

MISC. DATA _____

	NEW USED	SIZE	FROM	TO	WEIGHT	MAXIMUM PSI ALLOWABLE
CASING		14				
LINER						
TUBING						
OPEN HOLE						TOTAL DEPTH:
PERFORATIONS						SHOTS/FT.
PERFORATIONS						SHOTS/FT.
PERFORATIONS						SHOTS/FT.

JOB DATA

DATE	ON LOCATION	JOB STARTED	JOB COMPLETED
8:30 AM	1:00 PM	01:00 PM	04:00 PM

PERSONNEL AND SERVICE UNITS

NAME	EMPL. NO.	UNIT NO. & TYPE	LOCATION
WALKER		9359	WALKER
		C-2	

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER		
OTHER		

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB./GAL. API

DISPL. FLUID _____ DENSITY _____ LB./GAL. API

PROP. TYPE _____ SIZE _____ LB.

PROP. TYPE _____ SIZE _____ LB.

ACID TYPE _____ GAL. _____

ACID TYPE _____ GAL. _____

ACID TYPE _____ GAL. _____

SURFACTANT TYPE _____ GAL. _____ IN

HE AGENT TYPE _____ GAL. _____ IN

FLUID LOSS ADD. TYPE _____ GAL.-LB. _____ IN

GELLING AGENT TYPE _____ GAL.-LB. _____ IN

FRIC. RED. AGENT TYPE _____ GAL.-LB. _____ IN

BREAKER TYPE _____ GAL.-LB. _____ IN

BLOCKING AGENT TYPE _____ GAL.-LB. _____

PERFPAC BALLS TYPE _____ QTY. _____

OTHER _____

OTHER _____

DEPARTMENT

DESCRIPTION OF JOB

WALKER

JOB DONE THRU: TUBING ☐ CASING ☒ ANNULUS ☐ TDS./ANN. ☐

CUSTOMER REPRESENTATIVE

HALLIBURTON OPERATOR

COPIES REQUESTED

CEMENT DATA

STAGE	NUMBER OF SACKS	TYPE	API CLASS	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	300		M			SK-1	119	150

PRESSURES IN PSI

CIRCULATING _____ DISPLACEMENT _____

BREAKDOWN _____ MAXIMUM _____

AVERAGE _____ FRACTURE GRADIENT _____

SHUT-IN: INSTANT _____ 5-MIN. _____ 15-MIN. _____

HYDRAULIC HORSEPOWER

SUMMARY

VOLUMES

ORDERED _____ AVAILABLE _____ USED _____

AVERAGE RATES IN BPM

TREATING _____ DISPL. _____ OVERALL _____

CEMENT LEFT IN PIPE

REASON _____

PREFLUSH: BBL.-GAL. _____ TYPE _____

LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____

TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. 40

CEMENT SLURRY: BBL.-GAL. _____

TOTAL VOLUME: BBL.-GAL. _____

REMARKS

CUSTOMER

September 3, 1974

Mr. Larry A. Newman
Needle Exploration Co. Inc.
P. O. Box 143
Ely, Nevada 89301

Re: Well No. Needle Anticline 1-A,
Sec. 16, T. 24 S, R. 19 W, SLBM
Millard County, Utah

Dear Mr. Newman:

Received your subsequent report of cementing surface casing on the above referred to well, and it would be appreciated if you would forward the Division a copy of the Haliburton cement ticket.

Thank you in advance,

Very truly yours,

DIVISION OF OIL & GAS CONSERVATION

CLEON B. FEIGHT
DIRECTOR

CBF:lp

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <u>Drilling</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>ML-29648</u>
2. NAME OF OPERATOR <u>Needle Exploration Co., Inc.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>N.A.</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 143 Ely, Nev 89301</u>		7. UNIT AGREEMENT NAME <u>N.A.</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>17 Miles South of Garrison, Ut.</u>		8. FARM OR LEASE NAME <u>N.A.</u>
14. PERMIT NO. <u>43-027-30007</u>		9. WELL NO. <u>Needle Anticline #1-A</u>
15. ELEVATIONS (Show whether DF, RT, OR, etc.) <u>5268 Gr.</u>		10. FIELD AND POOL, OR WILDCAT <u>wildcat</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>sec 16, T. 24S, R. 19W SLM</u>
		12. COUNTY OR PARISH <u>Millard</u>
		13. STATE <u>Utah</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

(Other) Continue Drilling Operations

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>

(Other) _____
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

As of Sept. 26, 1974, we are drilling a 13" hole at 750'. The top of the Ely Limestone (Pen) was encountered at approx. 500'.

18. I hereby certify that the foregoing is true and correct

SIGNED

J.A. Newman

TITLE

President

DATE

9/28/74

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> <u>Drilling</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>ML-21648</u>
2. NAME OF OPERATOR <u>Needle Exploration Co., Inc.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>N. A.</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 143 Ely, Nevada 89301</u>		7. UNIT AGREEMENT NAME <u>N. A.</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>17 miles South of Garrison, Ut.</u>		8. FARM OR LEASE NAME <u>N. A.</u>
14. PERMIT NO. <u>43-027-30007</u>		9. WELL NO. <u>Needle Anticline #1-A</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>5268 Gr.</u>		10. FIELD AND POOL, OR WILDCAT <u>wildcat</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 16 R. 19W. T. 24S SLM</u>
		12. COUNTY OR PARISH <u>SLM</u>
		13. STATE

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <u>Continue Drilling Operations</u>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

As of Oct. 26, 1974, we are drilling at 820'. We have been shut down most of Oct. for repairs on rig.

18. I hereby certify that the foregoing is true and correct

SIGNED

J. A. Newman

TITLE

President

DATE

Oct. 26, 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> <u>DRILLING</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>ML-29648</u>
2. NAME OF OPERATOR <u>NEEDLE EXPLORATION CO. INC.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>N.A.</u>
3. ADDRESS OF OPERATOR		7. UNIT AGREEMENT NAME <u>N.A.</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>17 MILES SOUTH OF GARRISON, UT.</u>		8. FARM OR LEASE NAME <u>N.A.</u>
14. PERMIT NO. <u>43-027-30007</u>		9. WELL NO. <u>NEEDLE ANTICLINE #1-A</u>
15. ELEVATIONS (Show whether DF, RT, OR, etc.) <u>5268 Gr.</u>		10. FIELD AND POOL, OR WILDCAT <u>WILDCAT</u>
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA <u>SEC. 16, T24S, R. 19W, S. 14M.</u>
		12. COUNTY OR PARISH <u>MILLARD, CO.</u>
		13. STATE <u>UT.</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <u>CONTINUE DRILLING OPERATIONS</u>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

AS OF NOV. 24, 1974, WE ARE DRILLING AT 910'
SAMPLES SHOW LIMESTONE WITH 40-80% CHERT.

18. I hereby certify that the foregoing is true and correct

SIGNED Larry A. Newman TITLE PRESIDENT DATE NOV 24, 1974

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DRILLING		5. LEASE DESIGNATION AND SERIAL NO. ML-29648
2. NAME OF OPERATOR NEEDLE EXPLORATION CO., INC		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NO
3. ADDRESS OF OPERATOR BOX 143 ELY, NEV.		7. UNIT AGREEMENT NAME N.A.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 17 MILES SOUTH OF GARRISON, UT.		8. FARM OR LEASE NAME N.A.
14. PERMIT NO. 43-027-30007	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5268 GR.	9. WELL NO. NEEDLE ANTICLINE 1-A
		10. FIELD AND POOL, OR WILDCAT WILDCAT
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 16 T24S R19W SLM
		12. COUNTY OR PARISH MILLARD
		13. STATE UT.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other) CONTINUE DRILLING OPERATIONS			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) _____			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

AS OF DEC. 26, WE ARE FISHING AT 950'

18. I hereby certify that the foregoing is true and correct

SIGNED **LA Newman**

TITLE **PRESIDENT**

DATE **DEC. 26, 1974**

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> DRILLING		5. LEASE DESIGNATION AND SERIAL NO. ML-29648
2. NAME OF OPERATOR NEEDLE EXPLORATION CO., INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NO
3. ADDRESS OF OPERATOR BOX 143 ELY, NEVADA		7. UNIT AGREEMENT NAME NO
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 17 MILES SOUTH OF GARRISON, UTAH		8. FARM OR LEASE NAME NO
14. PERMIT NO. 43-027-30007		9. WELL NO. NEEDLE ANTICLINE 1-A
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5268 GR.		10. FIELD AND POOL, OR WILDCAT WILDCAT
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA SEC 16, T.24S. R17W 54M
		12. COUNTY OR PARISH MILLARD
		13. STATE UTAH

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

CONTINUE DRILLING OPERATIONS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

AS OF JAN. 26, 1975, WE ARE FISHING AT 950'

18. I hereby certify that the foregoing is true and correct

SIGNED

LA Murren

TITLE

PRESIDENT

DATE

27 JAN 1975

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DRILLING		5. LEASE DESIGNATION AND SERIAL NO. ML-29648	
2. NAME OF OPERATOR NEEDLE EXPLORATION CO., INC		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NO	
3. ADDRESS OF OPERATOR BOX 143 ELY, NEV. 89301		7. UNIT AGREEMENT NAME NO	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 17 MILES SOUTH OF GARRISON, UT.		8. FARM OR LEASE NAME NO	
14. PERMIT NO. 43-027-30007		9. WELL NO. NEEDLE ANTICLINE #1-A	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5268 GR.		10. FIELD AND POOL, OR WILDCAT WILDCAT	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 16, T 24 S, R 19 W SLM.	
		12. COUNTY OR PARISH MILLARD	
		13. STATE UTAH	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	CONTINUE DRILLING OPERATION		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

AS OF FEB. 26, 1975, WE ARE FISHING AT 950'

18. I hereby certify that the foregoing is true and correct

SIGNED **J. A. Newman**

TITLE **PRESIDENT**

DATE **27 FEB, 1975**

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>DRILLING</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>ML-29648</u>	
2. NAME OF OPERATOR <u>NEEDLE EXPLORATION CO., INC.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>NO</u>	
3. ADDRESS OF OPERATOR <u>BOX 143 ELY, NEVADA 89301</u>		7. UNIT AGREEMENT NAME <u>NO</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>17 MILES SOUTH OF GARRISON, UT,</u>		8. FARM OR LEASE NAME <u>NO</u>	
14. PERMIT NO. <u>43-027-30007</u>		9. WELL NO. <u>NEEDLE ANTICLINE #1-A</u>	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) <u>5268 Gr.</u>		10. FIELD AND POOL, OR WILDCAT <u>WILD CAT</u>	
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA <u>SEC 16, TR 45, R. 19W, S. 14N</u>	
		12. COUNTY OR PARISH <u>MILLARD</u>	
		13. STATE <u>UTAH</u>	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

As of March 26, 1975, we are fishing at 950'

18. I hereby certify that the foregoing is true and correct

SIGNED LA Newman

TITLE President

DATE 5 April 1975

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>DRILLING</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>ML-29648</u>
2. NAME OF OPERATOR <u>NEEDLE EXPLORATION CO., INC.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>NO</u>
3. ADDRESS OF OPERATOR <u>BOX 143 ELY, NEV. 89301</u>		7. UNIT AGREEMENT NAME <u>NO</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>17 MILES SOUTH OF GARRISON, UT.</u>		8. FARM OR LEASE NAME <u>NO</u>
14. PERMIT NO. <u>43-027-30007</u>		9. WELL NO. <u>NEEDLE ANTICLINE #1-A</u>
15. ELEVATIONS (Show whether DP, RT, GR, etc.) <u>5268 GR.</u>		10. FIELD AND POOL, OR WILDCAT <u>WILDCAT</u>
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA <u>SEC. 16 T4S, R19W, SLM</u>
		12. COUNTY OR PARISH <u>MILLARD</u>
		13. STATE <u>UTAH</u>
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO:		
TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) <u>CONTINUE DRILLING OPERATIONS</u>		
SUBSEQUENT REPORT OF:		
REPAIRING WELL <input type="checkbox"/>		
ALTERING CASING <input type="checkbox"/>		
ABANDONMENT* <input type="checkbox"/>		
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

AS OF APRIL 26, 1975, WE ARE DRILLING AT 954'

18. I hereby certify that the foregoing is true and correct

SIGNED L.A. Newman

TITLE President

DATE 15 MAY, 1975

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>DRILLING</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>ML 29648</u>
2. NAME OF OPERATOR <u>NEEDLE EXPLORATION CO.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>NO</u>
3. ADDRESS OF OPERATOR <u>BOX 143 ELY, NEV. 89301</u>		7. UNIT AGREEMENT NAME <u>NO</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>17 MILES SOUTH OF GARRISON, UT</u>		8. FARM OR LEASE NAME <u>NO</u>
14. PERMIT NO. <u>43-027-30007</u>		9. WELL NO. <u>NEEDLE ARTICLINE I-A</u>
15. ELEVATIONS (Show whether DF, RT, OR, etc.) <u>5268 GR.</u>		10. FIELD AND POOL, OR WILDCAT <u>WILDCAT</u>
		11. SEC., T., R., M., OR B.E. AND SURVEY OR AREA <u>SECT 24S, R19W, SLM</u>
		12. COUNTY OR PARISH <u>MILLARD</u>
		13. STATE <u>UTAH</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

AS OF JUNE 26, 1975, WE ARE FISHING
at 956'

18. I hereby certify that the foregoing is true and correct

SIGNED RA Newman

TITLE PRESIDENT

DATE 6/26/75

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

4

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7
PI

Division of Oil & Gas
Gleason B. Feight
1588 W. W. Temple
Salt Lake City, UT - 84116

Jo

15 August 75

Dear Gleason,

This letter, as per our telephone conversation, is to confirm that we have moved the cable tool rig OFF the well number Needle Anticline #1-A in preparation for moving in a rotary rig this Fall. The depth reached by cable tool was 956' d.F.

I am now in Kansas City, Mo., and will file the appropriate reports when I return to Ely.

Sincerely,

Larry A. Newman

Larry A. Newman, Needle Exploration Co.

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. ML 29648
2. NAME OF OPERATOR NEEDLE EXPLORATION CO., INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NO
3. ADDRESS OF OPERATOR BOX 147 ELY, NEVADA 89301		7. UNIT AGREEMENT NAME NO
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 17 MILES SOUTH OF GARRISON, UT.		8. FARM OR LEASE NAME NO
14. PERMIT NO. 43-027-30007	15. ELEVATIONS (Show whether DP, RT, OR, etc.) 5268 GR.	9. WELL NO. NEEDLE ANTILINE #1-A
		10. FIELD AND POOL, OR WILDCAT WILDCAT
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 16, T24S, R19W SLM
		12. COUNTY OR PARISH MILLARD, CO.
		13. STATE UTAH

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

THE FISH (BIT + STEM) WAS PARTIALLY RECOVERED, BUT A WHIPSTOCK WILL BE NEEDED TO BYPASS REST OF FISH. AFTER SETTING WHIPSTOCK AT APPROX. 910', A SMALL ROTARY RIG WILL BE MOVED IN TO FINISH SURFACE HOLE BEFORE MOVING IN LARGER RIG. TOTAL DEPTH WAS 956' DRILLED WITH 28L CABLE TOOL RIG.

18. I hereby certify that the foregoing is true and correct

SIGNED LA Muma

TITLE PRESIDENT

DATE 28 SEPT. 75

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. ML 29648
2. NAME OF OPERATOR NEEDLE EXPLORATION CO. INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NO
3. ADDRESS OF OPERATOR BOX 142 ELY, NEVADA 89301		7. UNIT AGREEMENT NAME NO
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 17 MILES SOUTH OF GARRISON, UTAH.		8. FARM OR LEASE NAME NO
14. PERMIT NO. 42-027-30007		9. WELL NO. NEEDLE ANTICLINE #1-A
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5268 GR.		10. FIELD AND POOL, OR WILDCAT WILDCAT
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 16 T24S R19W SLM
		12. COUNTY OR PARISH MILLARD
		13. STATE UTAH

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

A 2°12' WHIPSTOCK WAS SET AT APROX. 900'. WE ARE NOW MAKING PREPARATIONS TO MOVE IN A NATIONAL T-10 ROTARY TYPE RIG TO DRILL A 6 3/4" HOLE AROUND FLSH AT 950'. WE WILL CONTINUE THE 6 3/4" HOLE TO THE CHAINMAN SHALE FORMATION AT APROX. 1400' TO EVALUATE GEOLOGIC AND STRUCTURAL DATA TO THIS POINT.

18. I hereby certify that the foregoing is true and correct

SIGNED L. A. Munson

TITLE President

DATE 1 DEC. 1975

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*Make
Copy for
well file.*

K

W CIRCULATE TO:

DIRECTOR
PETROLEUM ENGINEER
MINE COORDINATOR
ADMINISTRATIVE ASSISTANT
ALL

RETURN TO *Kathy*
FOR FILING

□
□
□
□
□
□

January 6, 1976

Mr. Larry Newman
Needle Exploration Company
P.O. Box 143
Ely, Nevada 89301

Dear Mr. Newman;

I have received a copy of the cementing ticket for the Needles Exploration #1-A. However, it is also required that the proper forms be filled out, that is, one form containing the plugging information and a subsequent "Sundry Notice and Report on Wells", detailing the reasons for plugging and abandoning this well.

Also, if any electric logs have been run, it will be necessary that they be submitted also.

Very truly yours,

DIVISION OF OIL, GAS, AND MINING

PATRICK L. DRISCOLL
CHIEF PETROLEUM ENGINEER

PLD:tb



Byron Jackson Inc.

P. O. BOX 2250, LONG BEACH, CALIF. 90801

JOB TICKET

30 DEC. 1975

DATE OF JOB 12-30-74	DISTRICT Roosevelt	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	CUSTOMER'S ORDER NO.
CUSTOMER Needle Exploration Co., Inc.		WELL NO. Needle Anticline #1A LEASE		
ADDRESS P.O. BOX 143		COUNTY PARISH Millard	STATE UTAH	
CITY Ely	STATE Nev. 89301	FIELD W/O		
AUTHORIZED BY LARRY NEWMAN		WELL OWNER SAME		
(OFFICE USE ONLY)				

DATE	TIME
TRUCK CALLED 12-29	PM 5:30
ARRIVED AT JOB 12-30	PM 2:30
START OPERATION 12-30	AM 4:00
FINISH OPERATION 12-30	PM 5:00
RELEASED 12-30	PM 5:30
MILES FROM STATION TO WELL 342	
BULK TICKET NO.	

Type Job: Plug	Depth: 360 Ft.	CEMENT DATA: Bulk <input type="checkbox"/> Sacks <input checked="" type="checkbox"/>			
Surface <input checked="" type="checkbox"/> Intermediate <input type="checkbox"/> Production <input type="checkbox"/> Remedial <input type="checkbox"/>		Sacks	Brand	Type	% Gel
Size Hole: 13	Depth: 40 Ft.	40	100AL		
Size & Wt. Casing: NEW USED <input type="checkbox"/>	Depth: 1000 Ft.	10	100AL		
Size & Wt. D. Pipe or Tubing 3 1/2	Depth: 360 Ft.				
Top Plugs: -	Type: -	Weight of Slurry: 15.9 LBS./CU. FT. 15.9 LBS./GAL.			
Bottom Plugs: -	Type: -	Volume of Slurry: 9 total			
Pump Tr. No. 1329	Fluid Pumped 2 BBL'S	Sacks Cement Treated With - % of -			

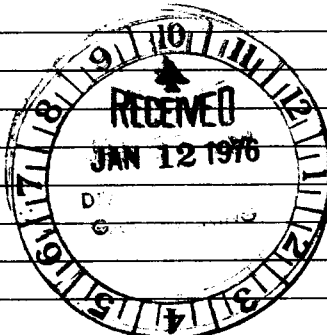
STAGE NO.	TOTAL PREV. GALS.	MAX. DEPTH 360 FT.	MAX. PRESSURE - 0 -	P.S.I.
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CONTRACT CONDITIONS: (This agreement must be signed before work is commenced)

The undersigned, as authorized agent of the customer, agrees and acknowledges that the services, materials, products and supplies provided for in this order shall be subject to the terms and conditions appearing on the front and reverse sides of the customer copy hereof and no additional terms and conditions shall apply to this order without the consent of an authorized representative of Byron Jackson Inc.

SIGNED: *L A Newman*

PRICE REF. NO.	AGENT OF OWNER OR CONTRACTOR
201.16	1 Pump unit to ABOVE DEPTH
261.00	PUMP mileage @ \$110 per mile
810.00	Mixing service charge @ \$55 per unit
255.00	2 OPERATORS EXPENSE AT \$50.00 PER DAY
	SUBTOTAL
	UTAH TAX @ 4 1/2 %
	TOTAL



APPROVED BY THE DIVISION OF OIL, GAS, AND MINING
DATE **Jan 13 1976**

SERVICE REPRESENTATIVE: <i>Rich Lusk</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>L A Newman</i>
JOB TICKET NO. S 103255	(WELL OWNER OPERATOR OR AGENT)

STATE OF UTAH

OIL & GAS CONSERVATION COMMISSION

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Plugged + Abandoned</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>29648</u>
2. NAME OF OPERATOR <u>Needle Exploration Co., Inc.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME —
3. ADDRESS OF OPERATOR <u>Box 143, Ely Nevada 89301</u>		7. UNIT AGREEMENT NAME —
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>17 miles South of Garson, UT.</u>		8. FARM OR LEASE NAME —
14. PERMIT NO. <u>43-027-30207</u>		9. WELL NO. <u>Needle Anticline #1-A</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>5268 Gr.</u>		10. FIELD AND POOL, OR WILDCAT <u>wildcat</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>SEC 16, T. 24S. R. 17W. SLM</u>
		12. COUNTY OR PARISH <u>MILLARD</u>
		13. STATE <u>UTAH</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☒

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

ON DEC. 30, 1975 WE pumped a 40 sack plug (50 feet) 1/2 in and 1/2 out of the casing at 344' as per instruction from Oil & Gas Conservation Commission. A 10 sack plug was also set at the surface. A copy of the cementing ticket has been forwarded to the Oil & Gas Conserv. Comm. Office.

NO LOGS WERE RUN ON Needle Anticline #1-A. WELL WAS ABANDONED because of "just iron" in hole at 950'. Entire hole was filled with thick mud previous to plugging. The only formation encountered was the Limestone at 500 feet, and Surface Alluvium from 0-500'.

18. I hereby certify that the foregoing is true and correct

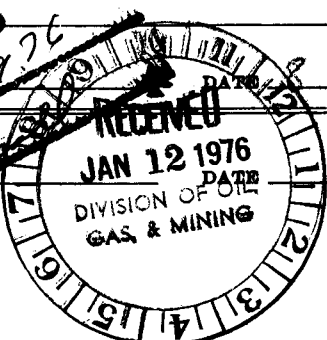
SIGNED J. A. Newman

TITLE

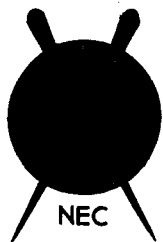
(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY THE DIVISION OF
OIL, GAS, AND MINING
DATE Jan 21, 1976

*See Instructions on Reverse Side



Needle Exploration Company, Inc.

P.O. Box 143
Ely, Nevada 89301
(702) 289-2508



Division of Oil, Gas, & Mining
Patrick L. Driscoll
1588 West North Temple
Salt Lake City, Utah 84116

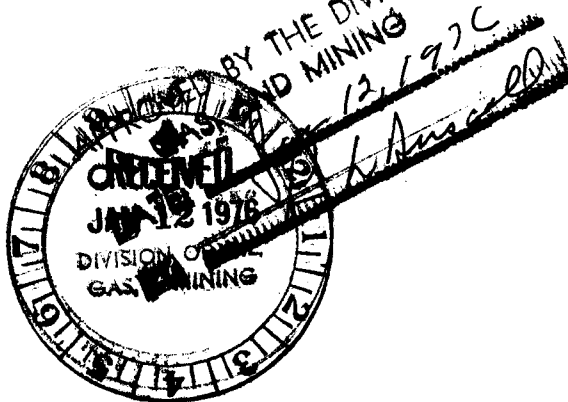
Re: Plugging of Needle
Anticline #1-A, Millard Co. UT.

Dear Mr. Driscoll,

This is to advise you that Needle Anticline #1-A has been plugged in the manner you outlined during our telephone conversation on Dec. 29th, i.e. 50 feet of cement $\frac{1}{2}$ in and $\frac{1}{2}$ out of the casing at 34', and a 10 sack plug at surface. Enclosed is the cementing ticket from this job. A marker hasn't been erected at this time, but will be as soon as the rig is moved off the hole.

Sincerely,

James A. Newman, Pres.





CALVIN L. RAMPTON
Governor

OIL, GAS, AND MINING BOARD

GORDON E. HARMSTON
Executive Director,
NATURAL RESOURCES

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING
1588 West North Temple
Salt Lake City, Utah 84116
(801) 533-5771

GUY N. CARDON
Chairman

CHARLES R. HENDERSON
ROBERT R. NORMAN
JAMES P. COWLEY
HYRUM L. LEE

CLEON B. FEIGHT
Director

January 29, 1976

Needle Exploration
P. O. Box 143
Ely, Nevada 89301

Re: Well No. Needle State 1-A
Sec. 16, T. 24S, R. 19W
Millard County, Utah

Gentleman:

This letter is to advise you that the Well Completion or Recompletion Report and Log for the above referred to well is due and has not been filed with this office as required by our rules and regulations.

Please complete the enclosed Form OGC-3 in duplicate, and forward them to this office as soon as possible.

Thank you for your cooperation relative to the above.

Very truly yours,

DIVISION OF OIL, GAS, AND MINING

KATHY OSTLER
RECORDS CLERK



CALVIN L. RAMPTON
Governor

GORDON E. HARMSTON
Executive Director,
NATURAL RESOURCES

CLEON B. FEIGHT
Director

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING
1588 West North Temple
Salt Lake City, Utah 84116
April 27, 1976

OIL, GAS, AND MINING BOARD

GUY N. CARDON
Chairman

CHARLES R. HENDERSON
ROBERT R. NORMAN
JAMES P. COWLEY
HYRUM L. LEE

Needle Exploration
P. O. Box 143
Ely, Nevada 89301

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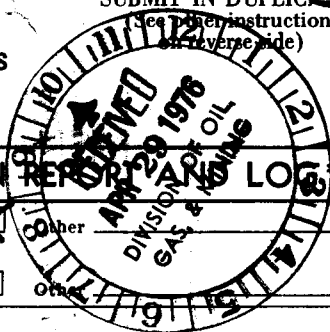
Very truly yours,

DIVISION OF OIL, GAS, AND MINING

KATHY OSTLER
RECORDS CLERK

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUBMIT IN DUPLICATE
(See other instructions on reverse side)



WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ Other ☐
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐

2. NAME OF OPERATOR
NEEDLE EXPLORATION CO.

3. ADDRESS OF OPERATOR
BOX 143, ELY, NEVADA 89301

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface **17 MILES SOUTH OF GARRISON, UT.**
At top prod. interval reported below **1980' FNL & 2155' FWL**
At total depth **SE NW**

14. PERMIT NO. **43-027-300** DATE ISSUED **8/13/74**

15. DATE SPUDDED **8/15/74** 16. DATE T.D. REACHED **12/30/75** 17. DATE COMPL. (Ready to prod.) **-** 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* **5268 GR.**

20. TOTAL DEPTH, MD & TVD **950** 21. PLUG, BACK T.D., MD & TVD **T.D.** 22. IF MULTIPLE COMPL., HOW MANY* **-** 23. INTERVALS DRILLED BY **-**

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
NO

26. TYPE ELECTRIC AND OTHER LOGS RUN
NO LOGS RUN

CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
14"	-	344	16	100% TO SURFACE	NONE

LINER RECORD					TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
NONE				DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)
-

35. LIST OF ATTACHMENTS
-

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED **L. A. Newman** TITLE **President** DATE **4/29/76**

*(See Instructions and Spaces for Additional Data on Reverse Side)

5. LEASE DESIGNATION AND SERIAL NO.
29648
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NO
7. UNIT AGREEMENT NAME
NO
8. FARM OR LEASE NAME
NO
9. WELL NO.
NEEDLE ANTICLINE #1-A
10. FIELD AND POOL, OR WILDCAT
WILDCAT
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
SEC. 16. T.24S. R.19W. SLM
12. COUNTY OR PARISH
MILLARD
13. STATE
UTAH
14. ELEV. CASINGHEAD
-
15. ELEV. PROD. INTERVAL
-
16. ELEV. TOTAL DEPTH
-
17. ELEV. CEMENT SET
-
18. ELEV. PACKER SET
-
19. ELEV. PLUG SET
-
20. ELEV. OTHER SET
-
21. ELEV. OTHER SET
-
22. ELEV. OTHER SET
-
23. ELEV. OTHER SET
-
24. ELEV. OTHER SET
-
25. WAS DIRECTIONAL SURVEY MADE
NO

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH TOP TRUE VERT. DEPTH
ALLUVIUM	250'	290'	WATER SAND	FLY LIAESTONE	490' 6490'



STATE OF UTAH
NATURAL RESOURCES
Oil, Gas & Mining

Norman H. Bangerter, Governor
Dee C. Hansen, Executive Director
Dianne R. Nielson, Ph.D., Division Director

355 W. North Temple • 3 Triad Center • Suite 350 • Salt Lake City, UT 84180-1203 • 801-538-5340

July 22, 1985

Audie Wisener
P.O. Box 216
Arvade, Colorado 80001

Dear Mr. Wisener:

RE: Recommended Seed Mixtures For Rehabilitation of Commodore
Resources Wells No. 1-B, 1-A, and Ensign 1-16

In response to our phone conversation on July 16, 1985, I have enclosed a suggested seed mixture to use on the drill sites you will be reclaiming. These suggestions are typical mixtures for this type of country. If necessary, you can use the seed substitutions if the suggested seed is not available. However, you need to utilize the equivalent rates per acre.

Before you begin your wellsite work, whether it be a plugging job, site rehabilitation or seeding, please contact the Division so that we may approve the operation and coordinate the onsite work with you.

We look forward to hearing from you and appreciate your cooperation in this matter.

Sincerely,

Dorothy Swindel

Dorothy Swindel
Oil and Gas Field Specialist

sb
Enclosures
cc: Leon Wisener
R.J. Firth
J.R. Baza
9689T-60

Attachment

Suggested Seed Mixture for Well Site in Section 16, T.24S, R.19W,
Millard County, Utah.

<u>Scientific Name</u>	<u>Common Name</u>	<u>Seeding Rate</u>
<u>Agropyron spicatum</u>	Bluebunch Wheatgrass	4.0
<u>Oryzopsis hymenoides</u>	Indian Ricegrass	4.0
<u>Poa ampla</u>	Sherman Big Bluegrass	4.0
<u>Balsamorhiza sagitata</u>	Arrowleaf Balsamroot	1.0
<u>Onybrichis viciaefolia</u>	Sainfoin	1.0
<u>Melilotus officianalis</u>	Yellow Sweetclover	2.0
<u>Atriplex canescens</u>	4-wing Saltbush	<u>1.0</u>
		17

Seeding rate in lbs./acre

Possible Substitutions:

Intermediate Wheatgrass	5#
Nordan Crested Wheatgrass	4#
Russian Wildernegrass	3#
Sweet Clover	#1

sb
9689T-61